

EAST WINDSOR TRAVEL TRYOUTS

PLAYERS NAME _____

DATE OF BIRTH _____

HOW OLD WILL YOUR CHILD BE ON AUGUST 1st _____

SOCCER EXPERIENCE _____

WHAT GRADE WILL YOUR CHILD BE IN FALL 2006 _____

SCHOOL _____

FATHERS NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

IF SAME AS ABOVE PLEASE JUST PUT DOWN MOTHERS NAME

MOTHERS NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ANY MEDICAL CONDITIONS _____

IF YES PLEASE EXPLAIN:

THIS PORTION IS FOR THE SOCCER COACHES

TRYOUT NUMBER _____

COMMENTS _____
